



DDA COMPLIANCE REVIEW

AGENCY NAME: ACCESS POINT FAMILY SERVICES

SURVEY DATE(S): DECEMBER 11, 2007 – DECEMBER 13, 2007

NOTE: This document contains a listing of findings made by the survey team. The summary of survey findings is based on the survey team's professional knowledge and interpretation of IDAPA requirements. In the Column, "Agency's Plan for Compliance", the statement should reflect the agency's plan for compliance action and anticipated time for plan to be implemented.

SURVEY TEAM MEMBERS: Katherine Blackmon, MEd, Clinician FACS, Region VII; Robert Card, Clinical Psychologist-FACS and Pam Loveland-Schmidt, BS HCA Medical Program Specialist Survey & Licensing found your agency through observations, discussions and record review to be providing quality services. However, the survey team found several areas of deficiencies that require immediate attention, due to non-compliance with the IDAPA rule and the Provider Agreement. The deficiencies are as follow:

SURVEY FINDINGS

Consumer/Family Satisfaction Survey:

4 out of 4 Participants/Parents interviewed were pleased with services. One parent stated she was pleased with Access Point allowing her to get to know the new staff in the home prior to sending them out with her son in the community.

Therapy Observation Notes:

Participant (1) was observed in the home with Developmental Therapist (KW). The goals worked on were answering questions and eye contact. The participant is a 17 year old and he was observed coloring in a children's coloring book with the therapist while answering questions and making eye contact. Coloring is not age appropriate for this participant. The therapist gave choices and had a good rapport with this participant.

Participant (2) was observed in the home with IBI Therapist (LM). The goals worked on were "will master the television, movie, drink, snack and coloring PECS". During a 39 minute time period the participant and IBI therapist were observed sitting and waiting for the mom to put the reinforcement movie "Shrek" in the DVD player for approximately 8 minutes. The child was then observed working on "mastering, drink, snack and PECS", during this observation he was playing UNO with his mom and then giving a choice of reinforcers which he chose chicken and the therapist asked the mom if chicken would be ok, the mom then proceeded to cook the chicken, which took approximately 9 minutes. During the 39 minute observation 17 minutes were used for preferred activity/primary reinforcement. Commands were given too frequently without enough time for the child to respond.

Participant (3) was observed in the Idaho Falls center with Developmental Therapist (KG). The goals worked on were counting money, which was an objective listed on his program plan and program implementation plan. The Developmental Therapist provided the child with varying amounts of money to count and tell her the sum of the money she gave him. (KG) repeated each trial with the same amount of coins until the child counted and reported correctly to the therapist. Following every correct report of the sum of money, (KG) provided the child with verbal reinforcement, i.e. "way to go" or "good job". Following every three correct responses she gave him a "high 5" hand to hand touching with verbal reinforcement. When his attention would start to wander, she would redirect back to the exercise. The child was required to stay on tasks for ten minutes and then he received a five minute break. There



was a timer set for the ten minutes of trials and the timer was also set for the five minute break. At the end of the ten minutes, the child was given a choice of playing with the marbles or trains, his two favorite play objects. When the timer went off, he was accompanied back to the table where the next ten minute treatment exercise was held.

Participant (4)'s observation was scheduled for home therapy but his mother had the flu, so we observed him in the center with the IBI Therapist (CM). The child has limited verbal skills and is in ½ day Kindergarten. At this observation, the therapist gave him work sheets to complete, after each completed worksheet, he received positive verbal reinforcement. The child was able to stay in his chair the entire time during the observation and focus on completing his work sheets. (CM) reported that he initially had a variety of edibles she could use for reinforcers. She stated that lately he did not want the edibles as reinforcers, so she gave him a choice of toys to play with on the break, accompanied by the verbal reinforcement after the successful completion of each worksheet. The therapist explained that when he first began IBI, all of his sessions took place in the home because he was most aggressive, violent, and tantruming against his parents. She reported he does not tantrum or become violent or aggressive at home anymore and that his parents are very pleased. The child sat in his chair and focused on completing his work sheets, he was allowed to choose the next work sheet as part of the reinforcement for transitioning to the next activity without throwing a tantrum. After completing five worksheets correctly, he received a "high 5" from the therapist. After 15 minutes of completing worksheets the therapist gave him the opportunity to have a five minute break. He didn't want to play with toys; he wanted to keep doing the work sheets and then wanted to go home. (CM) stated that he may be tired and hungry since he just got out of morning kindergarten and hadn't eaten lunch yet. When (CM) suggested he eat lunch, he reported that he did not want to eat. (CM) reported that he never used to be able to sit still as long as he did during the observation, she said the "difference is day and night from when he started IBI until now". The child's plan for Developmental Therapy is being written and he will transition out of IBI due to his success.

Deficiencies:	Agency's Plan for Compliance:
<p>16.04.11.009. Mandatory Criminal History and Background Check Requirements Based upon record review and staff discussion, the agency is not in compliance. The findings included: The agency <u>lacked the following</u>:</p> <ul style="list-style-type: none"> 1 out of 9 Employee (MA) records <u>lacked the following</u>: <ul style="list-style-type: none"> .01 Verification the employee/subcontractor delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06.300.01. For example: Employee (MA) had a criminal history completed for another agency but Access Point was not added to the Criminal History Check. 	
<p>16.04.11.201. Content of Application for Certification Based upon record review and staff discussion, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> The agency <u>lacked the following</u>: <ul style="list-style-type: none"> .04.g. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice. 	

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<p>16.04.11.400. General Staffing Requirements for Agencies Based upon record review and staff discussion, the agency is not in compliance. The findings included: The agency <u>lacked the following</u>: 1 out of 1 employee (HI) records <u>lacked the following</u>: .01 An agency administrator appointed who is accountable for all service elements of the agency and who must be employed on a continuous and regularly scheduled basis. The agency administrator is accountable for the overall operations of the agency including assuring compliance with IDAPA 16.04.11 rules, overseeing and managing staff, developing and implementing written policies and procedures and overseeing the agency's quality assurance program.</p>	
<p>16.04.11.400. General Staffing Requirements for Agencies Based upon record review and staff discussion, the agency is not in compliance. The findings included: The agency <u>lacked the following</u>: • 1 out of 1 employee (HI) records <u>lacked the following</u>: .02 Evidence the Developmental Specialist responsible for the service elements of the agency must have two years of supervisory or management experience providing developmental disabilities services to individuals with developmental disabilities.</p>	
<p>16.04.11.405. Standards for Paraprofessionals Providing Developmental Therapy and IBI. • Agency records <u>lacked the following</u>: .01. Documentation the agency assures that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a Program Implementation Plan, conduct collateral contact or IBI consultation. These activities must be conducted by a professional qualified to provide the service.</p>	
<p>16.04.11.405. Standards for Paraprofessionals Providing Developmental Therapy and IBI. • Agency records <u>lacked the following</u>: .02. Documentation the agency assures the professional qualified to provide the service must, for all paraprofessionals under his supervision on a weekly basis or more often if necessary: give instructions; review progress and provide training on the program(s) and procedures to be followed.</p>	
<p>16.04.11.415. General Training Requirements for DDA Staff Based upon record review and staff discussion, the agency is not in compliance. The findings include:</p>	



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7	1 out of 6 employees (CM) records <u>lacked the following</u> : <ul style="list-style-type: none">.01.c Evidence of direct service staff are trained to meet any special health or medical requirements for the participants they serve. For example: Participant (4)'s medical history states he has seizures and (CM) does not have evidence of seizure training.	
8	16.04.11.500. Facility Standards for Agencies Providing Center-Based Services. Based upon observation and staff discussion, the agency is not in compliance. The findings include: <ul style="list-style-type: none">Agency <u>lacked the following</u>:<ul style="list-style-type: none">.06.a Evidence the interior and exterior of the center is maintained in a clean, safe and orderly manner and kept in good repair. For example: Burnt out light bulb in dining area in Chubbuck location. Men and Women Bathroom garbage's were overflowing and the women's bathroom faucet is hooked up backwards, when turned to hot it is cold and vice versa in the Idaho Falls location.	
9	16.04.11.510. Health Requirements Based upon record review and staff discussion, the agency is not in compliance. The findings include: <ul style="list-style-type: none">Agency records <u>lacked the following</u>:<ul style="list-style-type: none">.01.c Evidence of a policy and procedure addressing any special medical or health care needs of particular participants being served by the agency.	
10	16.04.11.510. Health Requirements Based upon record review and staff discussion, the agency is not in compliance. The findings include: <ul style="list-style-type: none">Agency records <u>lacked the following</u>:<ul style="list-style-type: none">.03 Evidence that assures staff is free from communicable disease and infected skin lesions while on duty. For example: Agency has policy stating free of communicable disease but not infected skin lesions while on duty.	
11	16.04.11.510. Health Requirements Based upon record review and staff discussion, the agency is not in compliance. The findings include: <ul style="list-style-type: none">The agency <u>lacked the following</u>:<ul style="list-style-type: none">.04 Documented review of all incident reports completed at least annually with written recommendations and a policy stating the reports must be retained by the agency for five years.	
	16.04.11.601. General Requirements for Assessment Records	

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Based upon record review and staff discussion, the agency is not in compliance. The findings included:

- 1 out of 4 Participants (1) record **lacked the following:**
.01.e Documentation of a medical, psychiatric assessment or psychological on file to formulate a diagnosis. For example: Participant (1) transferred from another agency and Access Point had Dr. Robert's psychological review/update only dated 06/22/06. The plan started 05/11/07 and the current psychological assessment was completed after the plan started on 05/17/07.

16.04.11.601. General Requirements for Assessment Records

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

- 1 out of 4 Participants (1) record **lacked the following:**
.03 Documentation of a current psychological assessment when the participant is receiving a behavior modifying drug(s); prior to the initiation of restrictive interventions to modify inappropriate behaviors; when it is necessary to determine eligibility for services or establish a diagnosis; when a participant has been diagnosed with mental illness or when a child has been identified to have a severe emotional disturbance. For example: Participant (1) transferred from another agency and Access Point had Dr. Robert's psychological review/update only dated 06/22/06. The plan started 05/11/07 and the current psychological assessment was completed after the plan started on 05/17/07.

16.04.11.701. Requirements for a DDA Providing Services to Children ages 3-17 and Adults Receiving IBI or Additional DDA Services Prior Authorized Under the EPSDT Program.

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

- 1 out of 4 Participants (1) record **lacked the following:**
.05.a Evidence the IPP was developed following obtainment or completion of all applicable assessments consistent with the requirements of this chapter. For example: Participant (1) transferred from another agency and Access Point had Dr. Robert's psychological review/update only dated 06/22/06. The plan started 05/11/07 and the current psychological assessment was completed after the plan started on 05/17/07.

16.04.11.703 Program Implementation Plan Requirements

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

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- 1 out of 4 Participants (1) record lacked the following:
 .07 Evidence the psychological assessment was used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's health status. For example: Participant (1) transferred from another agency and Access Point had Dr. Robert's psychological review/update only dated 06/22/06. The plan started 05/11/07 and the current psychological assessment was completed after the plan started on 05/17/07.

16.04.11.704 Program Documentation Requirements

Based upon record review and staff discussion the agency is not in compliance. The findings included:

- 2 out of 4 Participants (1, 2) record lacked the following:
 .01.c Documentation a review of the data and when indicated changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (3rd Citation) (Region VI)

16.04.11.705 Record Requirements

Based upon record review and staff discussion, the agency is not in compliance. The findings included:

- 1 out of 4 Participants (1) record lacked the following:
 .01.f Evidence assessments are completed or obtained by the agency, the participant's record must include the assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. For example: Participant (1) was missing credentials on records. (2nd Citation) (Region VI)

16.04.11.711 Developmental Therapy

Based upon record review, observation and staff discussion, the agency is not in compliance. The findings included:

- 1 out of 4 Participants (1) record lacked the following:
 .02 Evidence the developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. For example: Participant (1) is 17 years old and was observed coloring in a children's coloring book.

16.04.11.900. Requirements for an Agency's Quality Assurance Program

Based upon record review, observation and staff discussion, the agency is not

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<p>in compliance. The findings included:</p> <ul style="list-style-type: none"> 1 out of 4 employees lacked the following: .01.b Evidence agency had sufficient staff & material resources available to meet the needs of each person served. For example: Participant (2) was observed in the home and during a 39 minute time period the participant and IBI therapist were observed sitting and waiting for the mom to put the reinforcement movie "Shrek" in the DVD player for approximately 8 minutes. Another incident during the same observation was when the participant was giving a choice of reinforcers he chose chicken and the therapist asked the mom if chicken would be ok, the mom then proceeded to cook the chicken, which took approximately 9 minutes. 	
<p>16.04.11.900. Requirements for an Agency's Quality Assurance Program Based upon record review, observation and staff discussion, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> 1 out of 4 Participants (1) record lacked the following: .02.d Evidence of a method for assessing participant satisfaction. For example: Participant (1) did not have evidence a participant satisfaction was completed. 	
<p>16.04.11.900. Requirements for an Agency's Quality Assurance Program Based upon record review and staff discussion, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> Agency lacked the following: .02.e Evidence of a regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. 	
<p>16.04.11.900. Requirements for an Agency's Quality Assurance Program Based upon record review, observation and staff discussion, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> Agency lacked the following: .03.c Evidence agency promotes integration. For example: Agency Quality Assurance Program includes normalization but does not include integration. 	
<p>16.04.11.905. Participant Rights Based upon observation and staff discussion, the agency is not in compliance. The findings included:</p> <ul style="list-style-type: none"> Agency lacked the following: .02.a Evidence the agency ensures participant's right to privacy and confidentiality. For example: a box was sitting on a desk in the dining area with confidential participant information regarding PSR services. 	<p>Agency corrected deficiency during the survey. Agency needs to address how the corrective action(s) will be monitored to ensure consistent compliance with IDAPA Rules</p>
<p>16.04.11.905. Participant Rights Based upon observation and staff discussion, the agency is not in</p>	

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compliance. The findings included:

- Agency **lacked the following:**

.02.e. Evidence the participant has the right to refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law.

Medicaid Survey Team Lead Signature: _____

Date: 1/3/08

FACS Team Signature: _____

Date: _____

Agency Administrator Signature: _____

Date: 1/15/08

Plan of Correction accepted: _____

Date: _____

Corrective Action Plan for DDA License Survey

16.04.11.009.01 Mandatory Criminal History and Background Check Requirements

Access Point P&P will include a statement about criminal history checks for contracted employees. Contracted employees must provide a proof of a Health and Welfare Criminal History Check prior to the beginning of any contractual agreement duties.

Access Point will ensure that our provider name is listed on the criminal history account for the contractor or employee.

How corrective action(s) will be accomplished:

P&P will be amended by Pete Molino by January 28th, 2008

1) Stephanie Galbreath will facilitate a phone call to contractual contact person to facilitate (MA) completing the criminal history check.

2) Senior Program Manager will monitor and check back with corrective action plan team when completed

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Mangers: Stephanie Galbreath and Heath Ivers

When the corrective plan of action(s) will be accomplished:

Will be completed by 1/28/08

16.04.11.201.04.g Content of Application for Certification

Access Point currently adopts the National Association of Social Worker Code of Ethics This Code of Ethics includes policies relevant to professional activities with participants and colleagues, in practice settings. The policy also articulates basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the DDA's relationship with participants and other agencies.

How corrective action(s) will be accomplished:

This Code of Ethics is currently in practice

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Manger: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished:

This Code of Ethics is currently in place.

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16.04.11.400.01.01 General Staffing Requirements for Agencies

The resume of (HI) will be amended to include the following: assurance of compliance with IDAPA rules, overseeing and managing staff, developing and implementing written policies and procedures and overseeing the agency's quality assurance program.

How corrective action(s) will be accomplished:

Heath Ivers will update resume and submit to employee file.

Pete Molino will develop and write a job description for agency administrator which will be signed by and placed in Heath Ivers' employee file.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Manager: Heath Ivers

When the corrective plan of action(s) will be accomplished:

Will be completed by 1/28/08

16.04.11.400.01.01 General Staffing Requirements for Agencies

The resume of (HI) will be amended to include the following: assurance of compliance with IDAPA rules, overseeing and managing staff, developing and implementing written policies and procedures and overseeing the agency's quality assurance program

How corrective action(s) will be accomplished:

Heath Ivers will update resume and submit to employee file.

Pete Molino will develop and write a job description for agency administrator which will be signed by and placed in Heath Ivers' employee file.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Manager: Heath Ivers

When the corrective plan of action(s) will be accomplished:

Will be completed by 1/28/08

16.04.11.405.01 Standards for Paraprofessionals Providing Developmental Therapy and IBI

How corrective action(s) will be accomplished:

Access Point P+P will be amended to include a statement pertaining to the assurance that paraprofessionals do not conduct assessments, establish a plan of service, develop a Program Implementation Plan, conduct collateral contact or IBI consultation and that these activities are only conducted by a qualified professional.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Manager: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.405.02 Standards for Paraprofessionals Providing Developmental Therapy and IBI

How corrective action(s) will be accomplished:

A section will be added to Access Point's P&P that assures that professionals qualified to provide the service will provide, on a weekly basis, instruction, review of progress, and provide training on programs and procedures to paraprofessionals.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.415.01.c General Training Requirements for DDA Staff

How corrective action(s) will be accomplished:

A section will be added to Access Point's P&P to ensure that direct service staff is trained to meet any special medical requirements for the clients they are providing services to.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath
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When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.500.06.a Facility Standards for Agencies Providing Center-Based Services

How corrective action(s) will be accomplished:

A monthly assessment is completed for each center. These assessments ensure that the center remains in a clean, safe, and orderly manner. Such assessments will continue each month to ensure that the center remain in a clean, safe, and orderly manner.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Items mentioned in survey were completed on 1/15/08. Will be completed monthly.

16.04.11.510.01.c Health Requirements

How corrective action(s) will be accomplished:

A section will be added to Access Point's P&P to ensure that direct service staff is trained to meet any special medical requirements for the clients they are providing services to.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.510.03 Health Requirements

How corrective action(s) will be accomplished:

The section in Access Point P+P on communicable disease will be amended to include infected skins lesions

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.510.04 Health Requirements

How corrective action(s) will be accomplished:

A section will be added to Access Point P+P pertaining to the documented review of all incident reports with recommendations for the previous year. The policy must include a statement that the incident reports will be kept for a period of at least five years.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.601.01.e General Requirements for Assessment records

A section will be added to the current P+P which outlines that no services will begin nor plans be written for any individual until after Access Point has completed and/or received current assessments and/or evaluations.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.601.03 General Requirements for Assessment Records

A section will be added to the current P+P which outlines that no services will begin nor plans be written for any individual until after Access Point has completed and/or received current assessments and/or evaluations.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.701.05.a Requirements for a DDA Providing Services to Children ages 3-17 and Adults Receiving IBI or Additional DDA Services Prior Authorized Under EPSDT Program.

A section will be added to the current P+P which outlines that no services will begin nor plans be written for any individual until after Access Point has completed and/or received current assessments and/or evaluations

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.703.07 Program Implementation Plan Requirements

A section will be added to the current P+P which outlines that no services will begin nor plans be written for any individual until after Access Point has completed and/or received current assessments and/or evaluations

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.704.01.c Program Documentation Requirements

A section will be added to Access Point P+P outlining the documentation and review of client data. After the data has been reviewed and any modifications made the professional will date and initial the document, with credentials. If this policy is already in Access Point P+P a read and sign memo will be generated which outlines the policy regarding the need for dated initials and credentials on all documents reviewed. After the memo has been review and signed by all applicable managers; a copy of the memo will be placed in their employee file.

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Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath
Administrative Assistants

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.705.01.f Record Requirements

A section will be added to Access Point P+P outlining the documentation and review of client data. After the data has been reviewed and any modifications made the professional will date and initial the document, with credentials. If this policy is already in Access Point P+P a read and sign memo will be generated which outlines the policy regarding the need for dated initials and credentials on all documents reviewed. After the memo has been review and signed by all applicable managers; a copy of the memo will be placed in their employee file.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath
Administrative Assistants

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.711.02 Developmental Therapy

A section will be added to Access Point P+P which outline the use of age appropriate activities to build daily living, socialization, and play and leisure skills. The policy will include observation by program manager to ensure the use of age appropriate material during Developmental Therapy.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.900.01.b Requirements for an Agency's Quality Assurance Program

A section will be added to Access Point P+P outlining that staff have sufficient material resources available prior to the beginning of the session. The policy will include the staff being prepared with material including progress notes and reinforcers. This policy will be reviewed with all staff via team meeting to ensure staff are aware of the changes to P+P regarding being prepared for each session

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath
Program Managers

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.900.02.d Requirements for an Agency's Quality Assurance Program

The policy in Access Point's P+P will be modified where the client's parents will be contacted by administrative assistants via telephone call instead of mailing satisfaction surveys to assess the participant's satisfaction of services being received by Access Point Family Services.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath
Program Managers
Administrative Assistants

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.900.02.e Requirements for an Agency's Quality Assurance Program

A policy will be added to Access Point's P+P outlining a regular review of the agency's code of ethics. This review will include identification of any violations regarding the code of ethics and a plan to correct any future violations of the code of ethics.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino
Senior Program Managers: Heath Ivers and Stephanie Galbreath
Program Managers

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.900.03.c Requirements for an Agency's Quality Assurance Program

The policy in Access Point's P+P which discusses normalization will be modified to also include integration.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.905.02.a

The policy in Access Point's P+P regarding confidentiality will be reviewed with all staff to ensure that all client information is treated in a confidential manner. After policy has been reviewed by staff, a memo will be signed by staff and placed in their employee file.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Managers: Heath Ivers and Stephanie Galbreath
Program Managers

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08

16.04.11.900.02.e Requirements for an Agency's Quality Assurance Program

A policy will be added to Access Point's P+P outlining the right of all participants to refuse to perform services for Access Point Family Services. The policy will state that if the participants is hired to perform services the participants will be paid a wage that is consistent with state and federal laws.

Who will monitor the corrective plan of action(s) to ensure the deficiency is corrected and does not reoccur:

President: Pete Molino

Senior Program Managers: Heath Ivers and Stephanie Galbreath

When the corrective plan of action(s) will be accomplished

Will be completed by 1/28/08